


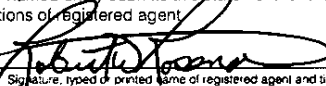
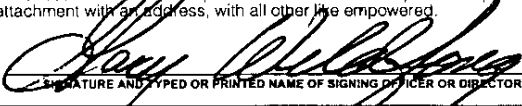
2007

CORPORATION REINSTATEMENT

FILED

2007 APR 18 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08000006596			
1. Entity Name SUNSET CAY LAKES CONDOMINIUM 1900 ASSOCIATION, INC.			
Principal Place of Business 17280-1 EAGLE TRACE FORT MYERS, FL 33908		Mailing Address 17280-1 EAGLE TRACE FORT MYERS, FL 33908	
2. Principal Place of Business - No P.O. Box # 834 Bald Eagle Dr.		3. Mailing Address 834 Bald Eagle Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Marco Island, FL		City & State Marco Island, FL	
Zip 34145	Country US	Zip 34145	Country US
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURGESON, RICHARD 17280-1 EAGLE TRACE FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name ROBERT ROSENOW Street Address (P.O. Box Number is Not Acceptable) 96 RESORT MANAGEMENT 834 BALD EAGLE DR City MARCO ISLAND FL Zip Code 34145	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		Robert Rosenow	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		April 6, 07	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BURGESON, RICHARD 17280-1 EAGLE TRACE FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS COLSON, KARI 17280-1 EAGLE TRACE FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLSON, JOHN 17280-1 EAGLE TRACE FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
REINSTATEMENT 06-07		P Wildfong, Gary PO Box 2144 Lewiston, MI 49756	
REINSTATEMENT 06-07		STID Man Kowski, Ronald 11 Dickerson Dr. Shelter Is., NY 11964	
REINSTATEMENT 06-07		VP McAlpine, George 114 Sundance Ridge Buffalo, MN 55313	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other live empowered.			
SIGNATURE: 		Gary Wildfong	
Signature and typed or printed name of signing officer or director		Date	
		4/11/07	
		Daytime Phone #	